

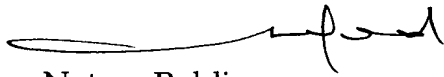


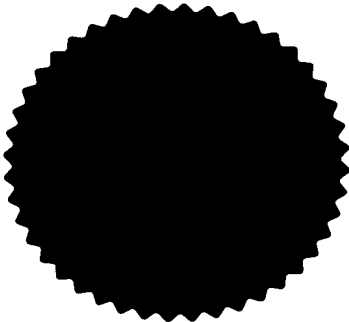
SYDNEY
NEW SOUTH WALES

TO ALL TO WHOM THESE PRESENTS SHALL COME

I, WINSTON MAXWELL READFORD of Shop 14/203 Cox's Road, North Ryde
NOTARY PUBLIC duly authorised admitted and sworn and practising in the City of
Sydney the State of New South Wales in the Commonwealth of Australia DO HEREBY
CERTIFY that I was present on the 7th day of July Two Thousand and Four and did
see DANILO LAPENA LAMBINO, Principal Scientist of JOHNSON & JOHNSON
PACIFIC PTY LIMITED ABN 73 001 121 446 and the person named in the document
headed DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN
PATENT APPLICATION hereunto annexed duly sign in my presence the said
document headed DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR
DESIGN PATENT APPLICATION and that the name or signature "D. Lambino" thereto
subscribed is in the proper handwriting of the said DANILO LAPENA LAMBINO.

IN FAITH AND TESTIMONY whereof I have
hereunto subscribed my name and affixed my
seal of office at North Ryde this 7th day of
July in the year of our Lord Two
thousand and Four.


Notary Public.



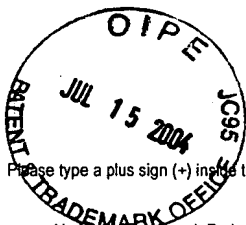
WINSTON READFORD LL.B.

NOTARY PUBLIC
SOLICITOR
TAX AGENT

SHOP 14, COX'S ROAD MALL
203 COX'S ROAD
NORTH RYDE, N.S.W. 2113

TEL: 9887 2888
FAX: 9887 3936

EMAIL winston.readford@mypostbox.com.au



PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted with Initial Filing <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (Surcharge (37 CFR 1.16(e)) required) OR	Attorney Docket Number	J&J-5111			
	First Named Inventor	Danilo L. Lambino			
	COMPLETE IF KNOWN				
	Application Number	10/795,764			
	Filing Date	03/08/2004			
	Group Art Unit				
	Examiner Name				
As a below named inventor, I hereby declare that: My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: <div style="text-align: center;">REHYDRATEABLE PERSONAL CARE COMPOSITIONS (Title of the Invention)</div> the specification of which <input type="checkbox"/> is attached hereto OR <input checked="" type="checkbox"/> was filed on (MM/DD/YYYY) March 8, 2004 as United States Application Number or PCT International Application Number 10/795,764 and was amended on (MM/DD/YYYY) <input type="text"/> I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application. I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.					
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO	
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:					

DECLARATION - Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
		<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application Serial No.	Filing Date	Status
		Patented Patented Patented

I hereby appoint:

☒ Practitioners at Customer Number **000027777** →

Place Customer
Number Bar Code
Label Here

AND

☐ Practitioner(s) named below:
Name Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Address all telephone calls to Erin M. Harriman at telephone number (732) 524-3619.

Direct all correspondence to: Customer Number ☒ or Bar Code Label **000027777** OR ☐ Correspondence address below

Name:

Address:

Address:

City:

State:

ZIP

Country

Telephone:

Fax:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any]) Danilo L.

Family Name
or Surname Lambino

Inventor's
Signature

[Signature]

Date

7/7/04

Residence: City Kogarah

State

Country Australia

Citizenship Australian

Mailing Address 43/227 Princes Highway

City

Kogarah NSW 2217

State

ZIP

Country Australia

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any])

Family Name
or Surname

Inventor's
Signature

Date

Residence: City

State

Country

Citizenship

Mailing Address

City

State

ZIP

Country

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF THIRD INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any])

Family Name
or Surname

Inventor's
Signature

Date

Residence: City

State

Country

Citizenship

Mailing Address

City

State

ZIP

Country

WINSTON READFORD
NOTARY PUBLIC & SOLICITOR
SHOP 14, 203 COX'S RD, NORTH RYDE 2113
Fax: 9887 3936 Ph: 9887 2888

[Signature]

